

CHAPTER: IV <b>APPLICATION</b>	SECTION: 20 <b>CORRECTIONAL FACILITIES AGREEMENT (DPSCS)</b>	COMAR: <b>07.03.03.04</b>
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## **REQUIREMENTS**

- A. An agreement between DHR and the Maryland Department of Public Safety and Correctional Services (DPSCS) created a mechanism to assist inmates who are terminally ill or chronically mentally ill to access benefits prior to their release date
- B. Inmates who qualify for services under the agreement:
  1. Will reside in Maryland upon release
  2. Have a projected release date at least 6 weeks in the future
  3. Do not have detainers from other jurisdictions that would result in another incarceration, and
  4. Have one of the following conditions:
    - AIDS/HIV+ and in need of treatment
    - Terminally ill
    - Chronically mentally ill, requiring inpatient care upon release
- C. The local department receives the application and all needed verifications before the inmate is released

## **DIVISION OF CORRECTION RESPONSIBILITIES**

- A. Identify potentially eligible inmates and complete a needs assessment
- B. Develop release plans indicating living arrangements upon release
- C. Make referrals to the local department within 45 - 60 days of the expected release date with:
  1. An application
  2. A release plan
  3. All verifications
- D. Conduct the face-to-face interview (done by social work staff at the correctional facility)

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- E. Forward the application to the local department serving the area where the inmate will live upon release along with:
1. The address and type of living arrangements upon release
  2. Verification of Social Security number
  3. Income verification, and if no income, documentation of how living expenses will be paid
  4. Verification of resources
  5. Completed **DHR/FIA #402-B** and **DHR/FIA/DEAP 334-B** medical forms and **DHR/IMA 340 Interim Payment Reimbursement** form
  6. Verification that all potential resources have been applied for and the current status of those applications
  7. Any other pertinent information
- F. Call the local department to:
1. Alert them to the coming application
  2. Provide the name and number of the correctional staff contact person

## **LOCAL DEPARTMENT RESPONSIBILITIES**

- A. Provide correctional facilities with necessary applications and forms upon request
- B. Provide local department contact name and telephone number
- C. Complete the following actions upon receipt of the application:
1. Date stamp the application
    - The actual release date is the filing date
  2. Assign the application to a case manager for review, who will:
    - Request additional information from the correctional staff if needed

**Note:** Do not make a referral to the State Review Team (SRT) since those receiving TCA also have federally funded Medical Assistance.

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- D. Take action to finalize the case when notified that the inmate has been released by:
1. Entering the case on CARES using the release date as the filing date, or adding the individual to an existing TCA case
  2. Making an eligibility decision within 10 days if all the information has been provided, or
  3. Requesting additional information from the applicant, if needed, using a **DHR/FIA 1052**
    - If the information is not received in 15 days (30 days if additional time is requested):
      - a. Deny the application, or
      - b. Close the case if the inmate is required to be in an existing assistance unit
    - Make the eligibility decision within 10 days of receiving the information
  4. Sending a copy of all decisions and requests for information to the Department of Corrections social worker
- E. Keep a log of all incoming applications, case managers assigned, and case dispositions

#### **ADDING THE INMATE TO A TCA CASE**

- A. When the inmate has no income and is otherwise eligible, add the needs of the inmate to the grant effective the month after the month of application (release)
- B. When the inmate has income and is otherwise eligible, add the inmate to the assistance unit and then add the income
  1. If the grant increases, the change is effective the month after the month of application
  2. If the grant decreases or the case closes, the change is effective the month after the expiration of the adverse action notice

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- C. Prior to July 1, 2000, if the inmate was convicted of a felony that occurred after August 22, 1996 and involved a controlled substance, that person cannot be in the assistance unit
1. The inmate who is a parent is coded on CARES as an ineligible parent and a prorated share of the inmate's income is applied to the assistance unit
  2. If the inmate parent had no income, the grant would not change
  3. The inmate who is a convicted drug felon is eligible for Medical Assistance from the first day of the month of application
- D. Effective July 1, 2000, the inmate who was convicted of a drug-related felony that occurred after August 22, 1996 is eligible if the inmate:
1. Will be a custodial parent upon release
  2. Agrees to comply with drug testing and treatment requirements, and
  3. Was not convicted after July 1, 2000 while receiving TCA, WAG or Emergency Assistance except as stated in E below
- E. Custodial parents who are convicted of a drug related felony on or after July 1, 2000 while receiving TCA, WAG, or Emergency Assistance are ineligible for one year from the date of the conviction
1. After one year, the parent may reapply and agree to comply with drug testing and treatment
  2. If the inmate was convicted on or after July 1, 2000 while receiving cash benefits and is released within a year of the conviction, the inmate is technically ineligible and cannot be include in the assistance unit until one year from the date of conviction
  3. The inmate is eligible for Medical Assistance from the first day of the month of application whether or not one year has passed since the conviction

#### **ADDITIONAL INFORMATION**

- Assistance Unit – Basic Requirements
- Interim Changes – Interim Changes
- Financial Eligibility - Income – Ineligible Household Members Calculations